

STATE OF NEBRASKA
FORM NO. DC 6:5(2)
Rev. 1/08
Neb. Rev. Stat. 42-359

**FINANCIAL AFFIDAVIT
FOR CHILD SUPPORT**

CASE NUMBER:
(assigned by Clerk of Court)

IN THE DISTRICT COURT OF _____ COUNTY, NEBRASKA
(county where Complaint filed)

_____,
(your full name)
Plaintiff,

vs.

_____,
(spouse's full name)
Defendant.

**FINANCIAL AFFIDAVIT
FOR CHILD SUPPORT**

STATE OF NEBRASKA)
)
COUNTY OF _____)
(county where signed)

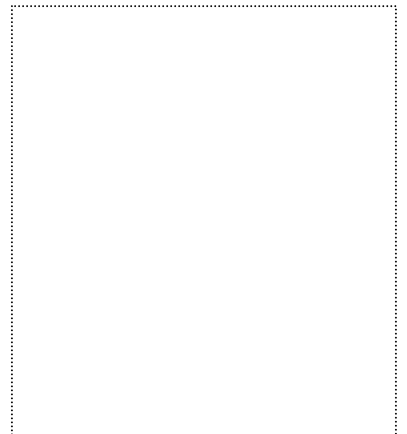
ss.

I, _____, am under oath and I state that
(first, middle and last name)

the following information is true:

1. I filed this action for divorce.

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2. Choose one):

☐ There is no existing order for support for the minor child(ren) born to me and my spouse.

OR

☐ There is currently an order for the support of the minor child(ren) of me and my spouse through:

(name of court)

(case number)

(amount of support)

(number of children)

3. I am employed at _____.
(name of employer)

My current **gross** monthly income is \$_____. My income
(amount of income from all sources)

is based on (choose one):

☐ \$_____ per hour for _____ hours per week.
(amount per hour) (number of hours)

OR

☐ \$_____ salary per month plus monthly bonuses of
(amount per month)

\$_____.
(average amount per month)

4. My spouse is employed at _____.
(name of employer)

My spouse's current **gross** monthly income is \$_____.
(amount of income from all sources)

This income is based on (choose one):

[] \$_____ per hour for _____ hours per week.
(amount per hour) (number of hours)

OR

[] \$_____ salary per month plus monthly bonuses of
(amount per month)

\$_____.
(average amount per month)

5. I believe I am capable of earning more income than is currently being
earned. I base this on past employment at _____,
(name of employer)

where my gross income per month was \$_____, based on
(amount of income from all sources)

(choose one):

[] \$_____ per hour for _____ hours per week.
(amount per hour) (number of hours)

OR

[] \$_____ salary per month plus monthly bonuses of
(amount per month)

\$_____.
(average amount of bonus)

6. I believe my spouse is capable of earning more income than is currently being earned. I base this on past employment at _____, (name of employer)
- where my spouse's gross income per month was \$_____, (amount of income from all sources)
- based on (choose one):

[] \$_____ per hour for _____ hours per week.
(amount per hour) (number of hours)

OR

[] \$_____ salary per month plus monthly bonuses of
(amount per month)

\$_____.
(average amount of bonus)

7. I do/do not (circle one) have health insurance available for the child(ren) through my employment at a cost of \$_____ per month.
(cost of coverage for child(ren) only)
8. My spouse does/does not (circle one) have health insurance available for the child(ren) through employment at a cost of \$_____ per month.
(cost of coverage for childr(en) only)

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9. Check the box [] that applies:

[] I contribute to a mandatory retirement plan. The minimum
amount required as a contribution is \$_____.
(minimum contribution required)

OR

[] I do not contribute to a mandatory retirement plan.

OR

[] I do not have a mandatory retirement plan, but I contribute to a
voluntary retirement plan. My monthly contribution is
\$_____.
(average contribution)

OR

[] I do not contribute to a voluntary retirement plan.

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10. Check the box [] that applies:

[] My spouse contributes to a mandatory retirement plan. The
minimum amount required as a contribution is \$_____.
(minimum contribution required)

OR

[] My spouse does not contribute to a mandatory retirement plan.

OR

[] My spouse does not have a mandatory retirement plan, but my
spouse contributes to a voluntary retirement plan. My spouse's
monthly contribution is \$_____.
(average contribution)

OR

[] My spouse does not contribute to a voluntary retirement plan.

11. I have other children I am supporting.

Number of children: _____.
(number of other children)

Children's names and years of birth:

_____	_____
(name)	(year of birth)
_____	_____
(name)	(year of birth)
_____	_____
(name)	(year of birth)
_____	_____
(name)	(year of birth)

For the other child(ren) I am supporting, check the box [] that applies:

☐ If support is court-ordered:

(method of support)

(name of court)

(case number)

(amount of support)

OR

☐ If support is not court-ordered:

(method of support)

(name of other parent)

(gross monthly income of other parent)

12. My spouse has other children to support.

Number of children: _____.
(number of spouse's other children)

Children's names and years of birth:

(name)

(year of birth)

(name)

(year of birth)

(name)

(year of birth)

(name)

(year of birth)

For the other children my spouse is supporting, check the box [] that applies:

[] If support is court-ordered:

(method of support)

(name of court)

(case number)

(amount of support)

OR

[] If support is not court-ordered:

(method of support)

(name of other parent)

(gross monthly income of other parent)

Plaintiff (print name)

Signature
(Must be signed in front of a Notary Public)

SUBSCRIBED AND SWORN to before me this _____ day of _____,
20____.

Notary Public